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SEP 27 2007

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08/28/2007

MUIRHEAD AND SATURNELLI, LLC
 200 FRIBERG PARKWAY, SUITE 1001
 WESTBOROUGH, MA 01581

09/27/2007 FHETEK12 00000054 050889 09605812

01 FC:1501 1400.00 DA
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Donald W. Muirhead	(Depositor's name)
	(Signature)
September 25, 2007	(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
09/605,812	06/28/2000	Steven R. Chalmer	EMS-00801	5356

TITLE OF INVENTION: REPLACEABLE SCHEDULING ALGORITHM IN MULTITASKING KERNEL

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TO, JENNIFER N	2195	718-108000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1 Muirhead and Saturnelli, LLC
 2
 3

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EMC CORPORATION

HOPKINTON, MASSACHUSETTS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a The following fee(s) are submitted:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
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☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0889 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 25, 2007

Typed or printed name

Donald W. Muirhead

Registration No 33,978

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